

Report Date & Time

Vicinity of the alleged violation (check all that apply):

In the San Francisco Bay
(inclusive of Richardson's Bay, San Pablo Bay,
Suisun Bay, Grizzly Bay, and all marshes and
tidelands thereof)

Within 100 feet of the shoreline of the
San Francisco Bay

In an upland area designated with a BCDC
Public Shore sign

In a tributary river, creek or slough of the
San Francisco Bay

In a salt pond or its levees

In a duck club/managed wetland or its
levees

In the Suisun Marsh

Location of the Alleged Violation:

Street Address (if exact address is unknown, please enter the nearest cross-streets)

City

County

Latitude (optional)

Longitude (optional)

Description of the Allegation: Please describe the alleged violation. Note the date it occurred and its duration, if known. Provide an estimate of the size and extent of the issue, and include other notable details, such as whether the alleged violation may pose a serious threat to either the public's health & safety or the local habitat. Please email photographs of the alleged violation and any other relevant information. Please also email a screenshot of or link to an online map (e.g., Google Maps, MapQuest) pinpointing the location of the alleged violation to help with our investigation. *Attachments are limited to 50 MB so you may need to send more than one email.*

Responsible Party's Information: Please provide the contact information of the property owner or the person or organization who is responsible for the alleged violation.

Name of the Responsible Person or Organization

BCDC Permit No. (if known)

Mailing Address

City

State

Zip code

Phone 1

Phone 2 (optional)

E-mail (optional)

Web Site (optional)

Responsible Party's Agent, Representative or Tenant: If known, please provide the contact information of the accused violator's agent or representative.

Name of Agent, Representative or Tenant

Mailing Address

City

State

Zip code

Phone 1

Phone 2 (optional)

E-mail (optional)

Reporter Information: Please provide your name and at least one piece of contact information. BCDC staff may wish to contact you for additional information about the alleged violation.

Check here if you want to remain anonymous. BCDC staff will not share your name or contact information with any third party.

Reporter Name

Mailing Address

City

State

Zip code

Phone

E-mail

*Please e-mail this form to **report_violation@bcdcc.ca.gov**.
If you prefer to file your report by phone, please call (415) 352-3600.*

ER File Number

Date ER File Established

Prior Enforcement Files

Jurisdiction/Prioritization Type (check all that apply):

Bay

Upland

Suisun Marsh

Paper Violation

Prioritization Score

Notes:

Investigated By

Date Undertaken

Resolution Date

Penalty Amount Assessed

Penalty Amount Received

Case Closure Notes: